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### Communications.

#### The present State of Ophthalmoscopy.

By MAX KUECHLER, M. D.

Of Newark, N. J.

No. 4.

*Opacities of the vitreous humor* are either fixed or movable; the former much more rarely than the latter. The investigations of Prof. Graefe of Berlin, and Müller of Würzburg, leave now no longer a doubt, that they are the consequence of intra-ocular hemorrhages. Shortly after their occurrence they appear, when the eye is illuminated, as dark cloudlets, possessing a reddish hue, which, as time progresses, changes to blackish. When the eye is moved, they generally float about hither and thither, but generally rise up when the eye is held still. At the lapse of two or three weeks they have generally arrived at the climax of thickening and darkening, (Fig. 2.) Then a

Fig. 1.



Fig. 2.



process of flocculent dissolution begins to take place, the opacity breaks up into small filaments, (Fig. 2,) which gradually become absorbed, and the fundus of the eye becomes clearer and more translucent. If perfect restoration takes place, which however is rare, it is completed at the end of six to eight weeks after the occurrence of the intra-ocular hemorrhage; in most cases membranous, filamentous, or floccu-

lent obscurations remain, which make excursions when the eye is moved. If their distance from the retina is not too great, they throw, when the eye is illuminated, a shadow upon the back ground of the eye.

If the vitreous humor is abnormally fluid, these opacities sink downward, and they may be observed with the ophthalmoscope, if the patient is directed to look downward; they appear often in their earlier stages, as more compact blackish opacities, while later they present more of a filamentous, flocculent solution. But if the vitreous humor is of normal consistency and the opacities offer a larger surface of resistance, then, of course, they are found to be situated more in the axis of vision, and the patient can only by a rapid motion of the eye remove them temporarily or partially from the field of vision. This motion of the eye is characteristic of patients affected with this form of disease, and settles the diagnosis with great certainty, without any ophthalmoscopic examination, as none can imitate the peculiarly rapid and jerking motion of the eyeball but those suffering from it.

Graefe has described a case in which crystals of cholesterine were found suspended in opacities of the vitreous humor, which are said to give to the opacity a most peculiar appearance. But these cases are rare.

Besides these forms of opacities of the vitreous humor, arising from intra-ocular hemorrhages, there is another form, which is readily overlooked, on account of its minuteness, and comes but exceptionally under our notice on account of its rarity. This is the punctiform opacity of the vitreous humor. Exceedingly small points, which even under the microscope appear but as fine granules or

corpuscles, and of no peculiar characteristic appearance, are suspended in the vitreous humor. If they happen to lie in the same plane, so that, on illumination, the focus of the ophthalmoscopic lens may be thrown upon a whole group of them, they are easier of recognition, presenting the appearance of a fine transparent membrane, like a fine delicate veil. But if these opaque points are imbedded in different layers, and thus on different planes, they can scarcely be recognized, as they appear only like an extremely fine dust, so that even the expert ophthalmologist may easily overlook them.

The *cysticercus*, belonging to the entozoa, and which is sometimes found in the vitreous humor, might be here described as constituting one of the opacities of this part. But, as it also occurs in other parts of the eye, especially upon the retina, I shall defer its description, and detection by means of the ophthalmoscope, until I have finished the pathological ophthalmoscopy of the fundus of the eye.

*Pathological Conditions of the Fundus of the Eye on Examination with the Ophthalmoscope.*—The back-ground or fundus of the eye, in its normal state, presents, when illuminated by the ophthalmoscopic mirror, a red color, of various shades however, in different persons. This is in consequence of choroideal pigmentation. The sclerotic, of all the different membranes of the fundus of the eye, reflects undoubtedly most light. In white rabbits, or in persons affected with albinism, we can very readily trace choroideal vessels piercing the sclerotic obliquely. But the darker and the more abundant the choroideal pigment, the more light, of course, is absorbed by it when we illuminate it, and the smaller is the amount of light that reaches the sclerotic, and is reflected from it.

It follows, hence, that the eyes of the negro-race are more difficult of ophthalmoscopic illumination, because their abundant choroideal pigment, absorbs so much light, that the illumination loses much of its intensity. From the same reason it is that the vessels of the choroid can be seen only in persons of very light pigmentation, while it is absolutely im-

possible where the choroid is strongly pigmented.

It was formerly long a debated question what caused the redness of the back-ground of the eye, and it was supposed to be connected with the retina. But the retina being an almost colorless structure, and it being observed that it may be seen through the ophthalmoscope as a foggy, misty membrane, it was then thought that the pigment of the choroid caused the redness. At present, however, we know that it is connected with the choroideal vessels. This gives us also an explanation of the *unequal* redness of the fundus of the eye. A larger choroideal vessel, distributing a greater number of branches around its neighborhood, will cause that portion to be of a deeper red, than a smaller vessel with but few branches. The choro-capillaries can not be demonstrated in man, (Græfe and Liebreich, after having long disputed about the matter, it was finally settled in favor of the latter,) and cannot hence be the cause of the red appearance.

While a more abundant pigmentation of the choroid obscures in the same proportion its vessels, the *retina*, on the contrary, under this condition, appears clearer and more marked, as a sort of bluish film or hue upon the dark-brown, red back-ground. When the pigmentation is less strong, the retina (only on examination with the upright image, however) shows itself by light, fine rays or stripes, radiating from the optic nerve towards the periphery, and gradually growing less distinct. At places, where retinal vessels run, the retina itself becomes more marked.

We shall next take up the foramen opticum sclerae et choroideae and its relation to the optic nerve.

*The New York Medical College* is reported to have re-organized with twelve professors; course to commence September 15, and continue six months, with four lectures daily. The following are the names of the Faculty as far as selected: Drs. Carnochan, Daremou, Reese, Gardiner, Budd, Raphael, and Bronson, of this city, with Dr. M. A. Gallen, of Missouri, and Dr. C. C. Cox, of Maryland.—*Amer. Med. Times.*

**A Case of Purpura Urticans.**

By WILLIAM H. DOUGHTY, M. D.

Purpura, in any of its forms, its simplest as well as its most aggravated and alarming, is an extremely interesting disease, the more so, perhaps, because of its rarity and its insidiousness. Persons apparently in the best of health are sometimes made its unaccountable subjects, and when so occurring, as in the two cases reported in the *Medical and Surgical Reporter* of 28th July, it certainly appears a great anomaly. To those who are accustomed to view it as a blood disease, this is the more striking since the altered condition of that menstruum which it is supposed to indicate, is such as to warrant the presumption of a slow, progressive agent or cause, whose destructive results have been attained by long continued influence.

The following is an imperfect history of a case of Purpura Urticans which came under our supervision last fall, in which its sudden appearance was well marked.

The subject was a female child, about five years of age, of good general health, of bilious lymphatic temperament, and descended from parents of good health and in good circumstances. About September 1st, she was observed to limp in running, and to manifest some fatigue under her usual exercise. An examination was instituted by the mother, who discovered several whitish rounded elevations, with hardened and reddened basis, and somewhat sore to the touch, on the inner side of the knee. No particular importance was attached to them, and simple frictions with spirits of camphor used for the relief of the soreness. Instead, however, of disappearing, these elevations degenerated into pure hemorrhagic discolorations and were soon followed by numerous others of different sizes, but confined entirely to the lower extremities.

At this time we were called, and found the following state of things: The general health of the child somewhat impaired, face pale and disposed to swell; eyes heavy with dark shades under them; complexion muddy and sallow, tongue furred white, from tip to

base; irregular appetite with tendency to constipation; slight febrile excitement, with wandering pains of some severity through the back and extremities. An examination of the lower extremities revealed a number of hemorrhagic spots varying in appearance, and extending from the ankle to the groin. Some were disappearing with the yellow discoloration of ecchymosis; there were others of a deeply livid venous hue, of large size; and others again possessing the character of those first described were just forming. The latter were always succeeded by the former, and when pressed upon at any stage, evinced but little tenderness. Some of the elevations resembled closely the wheals and elevations of nettle-rash, yet were deficient in the excessive pruritus common to that disease, and moreover, instead of vanishing rapidly, left permanent discolorations. This was the course of many of these purpurul spots, though some were primitive effusions of blood under and through the integuments. The largest of the latter that we saw, was about two and a half inches in diameter, and was formed in the course of two or three hours. But few were ever seen upon the body, and only one on the inner side of the arm just above the elbow. These spots continued to form for five or six weeks in irregular succession, and during that time the patient remained in a more or less feeble and delicate state. In the afternoon the feet would be swollen sufficiently to prevent her from walking.

The treatment of the case was as follows; Hyd. c. Creta 10 grs. at night, to be followed the next morning by Epsom salts and magnesia in suitable doses, so as to free the primæ viæ, correct acidity and alter the secretions of the alimentary canal. Throughout the entire period, the warm hip bath was used twice daily, to reduce feverishness, induce a free action of the skin, and for the relief of the wandering pains. Besides this, ferri muriatis tinct. gtts. vj. was administered in a small quantity of blackberry wine, three times daily. At the end of two weeks, little or no benefit had resulted from this course; the spots were still occurring and disappearing as before. Iodine and Sarsaparilla, in the proportion of three drops of Tinct.

Iodinii and 3i Syr. Sarsapar. Comp. were then substituted for the other medicinal or constitutional treatment, and continued three weeks or more; at the end of which time every trace of the disease was removed, and the system of the child completely renovated.

When first called to this case, we were perplexed in a measure to know what to call it, as it resembled somewhat both Urticaria and Purpura. But upon referring to "Wilson on diseases of the skin," we were at once enabled to give it the above classification, the essential disease being Purpura and the urticarious appearances a mere modification. To the Sarsaparilla in the above treatment, we believe great efficiency must be accorded. We do not believe that the Iodine alone would have displayed such signal effects. We have used both agents alone repeatedly and have been greatly pleased with their effects in appropriate cases. But when combined, these effects are much enhanced. In the combination we prefer the Tr. Iodine to any other preparation, even the Iodide of Potassium. The Radix Sarsaparillæ used in the preparation of the compound syrup was that indigenous to the Southern States, the Georgia Sarsaparilla, as we have derisively heard it called. With us it has entirely superseded all other kinds, and from a somewhat extensive use of it, we can bear testimony to its superior efficacy in all cases requiring such an alterative and eliminating agent. We usually prepare the syrup ourselves, and employ the Stillingia in combination with it. The present disrepute of the preparations of Sarsaparilla is to a great extent attributable to the inert articles kept and prepared by druggists. My experience warrants me in asserting, that if physicians would prepare such articles themselves, they would be far oftener pleased than disappointed with their effects.

Finally in the cases reported by Dr. Calhoun, an incidental allusion was made to the cause of Purpura. "*Vegetables formed no part of the diet of either of the patients.*" The diet in the case reported by us was not quite so exclusive, though not far removed; meats, pastry and fruit, with very few vegetables, were the preferred diet of the child. After

treatment was commenced rice, hominy and such like were chiefly advised, not, however, under any apprehension that an absence of vegetable food had anything to do with the causation of the disease.

### On Hæmatine and its Detection.

By J. F. HELLER, M. D.

(Translated from "Zeitschrift der Aertze" of Vienna, by J. R. Malsch, of Philadelphia.)

(Concluded from page 417.)

*Detection of Blood in Vomits, Fæces, Exudations, Cysts, &c.*—Vomits and fæces contain blood, frequently in a macerated, partly digested condition, so that neither the red color nor the blood cells can be seen. This is the case with vomits if the blood had remained in the stomach for some time, and with fæces, if the blood has entered the stools from the higher intestinal tract; the peculiar color may invariably be more or less observed if the bleeding took place in the rectum. It is most difficult to detect blood in the secretions in the so-called melaena, where the microscope is of no avail for this purpose.

Vomited liquids occasionally possess a pale red color, like meat-juice.

#### A. Vomits may be red.

1. From hæmatine, or dissolved blood;
2. From the red modification of biliphæine, altered in the stomach.

These two liquids can not be distinguished without chemical tests.

1. In the presence of hæmatine, the liquid

a, Contains albumen, though it may be in small proportion;

b, When mixed with an equal bulk of normal urine, boiled, and agitated with caustic potassa, the earthy phosphates with hæmatine are separated;

c, 'The dried coagulated albumen contains iron.

2. If the color is due to the modified red biliphæine, then

a, The above tests, at least the one after the addition of urine, give a negative result;

b, The red color rapidly changes to yellow after the addition of nitric acid; hæmatine preserves its color for a much longer time;

C. The evaporated liquid is treated with alcohol, acidulated with sulphuric acid, the evaporated filtrate is ignited, and the ashes tested for iron.

B. The pale-brown and discolored vomits may be colored by many victuals, or by altered hæmatine. I have always obtained the most reliable reaction with urine, etc.; the blood-red color is in great contrast with the dirty color of the liquid. The presence of albumen, however, is constant. All this applies likewise to liquids excreted per anum.

We have now only to consider the semifluid mælenotic masses of vomit, or stools. Colored vegetables, many berries, pulps, etc., may be the causes of their dark, nearly black color.

1. A portion is treated with distilled water, filtered, and the filtrate tested for albumen;

2. A portion is treated with diluted potassa, the filtrate is mixed with urine, and treated as above;

3. A portion is diluted with water, acidulated with sulphuric acid, whereby vegetable colors turn red, and then treated with an excess of alkali; the vegetable pigments assume a blue or green color;

4. The ashes of the masses colored by vegetable pigments, are white; mælenotic masses yield rust brown ashes, from the large amount of iron of the hæmatine.

The ignition must be promoted towards the end, by moistening with nitric acid. Iron is best detected by dissolving the ashes in a few drops of concentrated muriatic acid, and diluting the brownish solution to a colorless mass; sulphocyanide of potassium now produces a deep red color. In a single drop of blood, the iron may thus be detected.

*Detection of Hæmatine in Blood Spots.*—It is frequently very difficult to detect, with that certainty necessary for forensic analysis, blood which has either dried upon metals, stones, walls, etc., or been imbibed by porous material, like wood and clothes. My experience, as forensic chemist has taught me the difficulties which accompany the various methods recommended for this purpose; the one which answers extremely well in one case, may be entirely useless in a second. This may be owing—

1. To the quantity of blood;
2. To the age of the spots;
3. To the place where the corpora delicti have been kept; dampness induces mouldiness and putrefaction;
4. To the means employed for removing the blood.

The experienced chemist will usually be able to select, at once, the way by which the best results may be expected. Every reliable test is a great gain; it is sufficient merely to refer to the valuable contributions of H. Rose, C. Schmidt, Brücke, Teichmann, Bryck, and others.

The chief aim is usually the recognition:—1, of the blood cells; 2, of the hæmatine; 3, of the constituents of the serum. The detection of crystals of hæmine deserves attention, particularly if the amount of blood is very small; but sometimes they cannot be obtained, and Professor Bryck has pointed out such cases.

The solution of hæmatine may be always effected, but the difficulty is then frequently to prove its presence; my test, as given above, will materially aid its detection.

For this purpose the aqueous solution of the coloring matter is employed; when concentrated, it is mixed with an equal bulk of urine, or a sufficient quantity to contain an observable amount of phosphates. After boiling, a concentrated aqueous solution of potassa is added, agitated, heated, and set aside. With much less than half a drop of blood, the reaction will be very evident.

1. On the addition of potassa, a bottle-green coloration is produced;
2. The deposited phosphates are blood red, under the microscope amorphous and yellow;
3. The green liquid will now become lighter;
4. When remaining under the liquid, the phosphates will gradually discolorize.

All the other precautions have been mentioned above. This test, which is so well adapted for the detection of blood in se- and excretions, I believe also to be very valuable for forensic analysis, together with the preparation of hæmine.

### Iodide of Potassium and Belladonna in Acute Inflammatory Rheumatism.

By WM. HENRY WHITE, M. D.,

Of Summit Hill, Pa.

In looking over the reports of the various Medical Societies, constituting those of the State Medical Society of Pennsylvania, I noticed in one for 1858, that the iodide of potassium, combined with the extract of belladonna, had proved highly successful in a number of cases of acute inflammatory rheumatism. Having a case under treatment at the time, of a very severe character, in which the usual remedies had been resorted to, such as colchicum, Dover's powder, &c., with but little or no decided result, I changed for the above, giving it in ordinary doses every two or three hours.

In the course of four or five days the patient was enabled to get around the house quite nimbly, though previously confined to his bed for about three weeks.

Another case was that of a man, D. L., some thirty-five years of age, who, eleven years since, had a severe attack, which lasted for three months, and three years ago had a similar one, the treatment for which was bleeding freely, with other antiphlogistics; which, judging from his account, was attended with little benefit. About two weeks back he was seized with severe pain and swelling in his knees, hips and one shoulder, with considerable inflammatory action throughout the system, which continued for three or four days, without medical advice, and constantly growing worse. His treatment consisted of the following:

R. Potass. iod.	ʒij.
Tr. belladon.	ʒij.
Aq. cinnam. q. s. ft.	ʒiv.
	Mixture.

Of this a teaspoonful was given every four hours.

In twenty-four hours the patient was considerably improved. In forty-eight hours was a great deal better, one hip being all he complained of, except the stiffness in the other joints, and considerable pain in the head.

Ordered a dose of calomel and jalap to be taken, and a rubefacient oil to be applied to

the hip, as well as a continuance of the former medicine.

Next day but one, he walked up a hill a mile long, under the rays of a scorching sun.

*The German Association of Naturalists and Medical Practitioners*, will hold its thirty-fifth annual meeting at Koenigsberg, from September 16th to 22d. Letters to be addressed to Professors Rathke and Wittich, the managers.

*The Census of 1860.*—The national census which is now being taken has progressed sufficiently to present evidence that the rate of increase of population has exceeded that of any previous decennial period.

### Illustrations of Hospital Practice.

#### PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

*Leucorrhœa, Pleurisy, Diabetes*—Importance of Examining the Urine in Hospital and Private Practice—Tests for Diabetes: Neuralgia Caused by Exhaustion—Importance of Rest; Intermittent Fever—Typhoid Fever—Lead Poisoning.

*Leucorrhœa, pleurisy, diabetes; Importance of examining the urine in hospital and private practice.*—This case is that of a woman about 37—40 years of age; married; has had children, and been a hard working woman all her life. She came into the hospital to be treated for leucorrhœa, with which she had been affected for some time, and a slight precidentia uteri.

A very remarkable feature in this patient, is a very obvious difference in the shape of the two sides of the chest. The left side appears flat, the right full; the left infra-clavicular and mammary space is very much sunken. On measurement, the distance from the middle of the sternum, around the chest, to the spinous process of one of the dorsal vertebræ, on the right side, is found to be sixteen inches; while from the same points, around the left, it is but twelve and a quarter. This contraction on one side is evidently the result of pleuritic adhesions, which have firmly bound down the lungs, and prevent them from extending to their full capacity.

She states, that seven years ago she was attacked with severe pain in her side, had some fever, and though sick enough to go to bed, had not done so, but kept on working. It is astonishing how patients suffering under disease so acute, and of thus serious results, will bear up under it.

Neither the leucorrhœa, nor the results of an old pleurisy, however, are the most serious diseases from which she now suffers. She is also affected with diabetes.

One day, while examining her closely in reference to the first disease, for which she entered the house, Dr. Read, the resident physician, inquired particularly into the state of her urinary apparatus. The patient stated that she made water very freely, much more so indeed than formerly; that she had observed this for months back, and since April last had not been well, and had been losing strength and flesh.

*Examination of the urine.*—The specific gravity of the urine, in this case, is as high as 1000.30, while normally it should be only 1000.17 to 1000.20.

*Moore's test.*—On boiling some of the urine with liquor potassæ, the peculiar reaction of grape sugar is at once shown, in the formation of first a yellow tinge, rapidly changing to a deep-brown, and finally ruby-red color.

*Trommer's test* also leaves no doubt as to the existence of sugar in the urine. Adding to the urine some liquor potassæ, then a small quantity of a solution of sulphate of copper, on boiling in a test-tube, the blueish tint of the solution is soon seen to change to a greenish hue, then rapidly to yellow, and a copious light red precipitate of the suboxide of copper is thrown down.

A third test resorted to, was that introduced first by Dr. Bottinger, a few years ago, (see MEDICAL AND SURGICAL REPORTER, vol. 1, Oct. 8th, 1858, p. 28.) It consists of adding to some urine, in a test-tube, an equal volume of a solution of carbonate of soda, (three parts of weight by water to one part of crystallized carbonate of soda,) and then of the subnitrate of bismuth, as much as can be held on the point of a knife. If the white subnitrate of bismuth, after boiling, shows but the least blackish or greyish tinge, the presence of sugar in the urine is definitely indicated, as no other substance found in the urine, except grape sugar, possesses the property of deoxidizing the nitrate of bismuth down to the suboxide.

This test, also, showed the existence of sugar in this patient's urine. There is hence no doubt that she is suffering from diabetes; and the case forcibly illustrates the necessity of resorting to chemical and microscopical examinations of the secretions, as thereby we will frequently be enabled to discover disease, the symptoms of which may have been entirely ignored, or attributed to other causes.

*Neuralgia; Importance of rest in Neuralgia, caused by Exhaustion.*—The patient, a man about 35 years of age, entered the hospital a few days ago, suffering from very severe pain in the left lumbar

region, and in the intercostal spaces. A careful examination of the case shows it to be one of local neuralgia.

The treatment consists of a blister over the painful part, and quinine, with the tincture of nuxvomica and the compound tincture of bark internally; the latter remedies being indicated, because the case seems to be connected with nervous exhaustion. Dr. Bennett, in his works, speaks of neuralgia by exhaustion, and one of the most important essentials in these cases is tonic treatment, together with rest. Loss of sleep in women, Dr. Meigs remarked, is one of the most frequent causes of neuralgia; he had seen many instances of women who, nursing their children at night, and being deprived of sleep, besides worn out by domestic duties during the day, became the victims of very severe attacks of neuralgia, which only yielded after the use of arsenic, iron, quinine and strychnine, and an adequate amount of rest and sleep.

*Intermittent fever; enlargement of the spleen and liver.*—William Henry, 22 years of age, seaman, came from Rio Janeiro three weeks ago. He had been sick in South America, during May or April last, and from the description which he gives of his symptoms, he was evidently suffering then from intermittent fever.

On last Saturday he was attacked with a chill at 4 o'clock in the afternoon; Sunday he escaped; Monday he had another attack at 2 o'clock; and on Wednesday another at noon. This illustrates, Dr. Meigs remarked, the tendency which intermittent fever assumes, when left to nature, to run into the quotidian form. It was Sir Edward Forbes who said, that to study the natural history of disease is one of the most important subjects of medical science. Dr. Meigs recollected an exceedingly well marked case of intermittent fever, which illustrated amply the natural history of this disease. The patient was a young woman, under homœopathic treatment for six weeks, having had first the tertian and then the quotidian form of intermittent fever, until she was reduced to the verge of the grave, her system exsanguinated and her blood thin and colorless, so that she was almost "diaphanous." This is the natural history of the disease, which, fortunately for the patients, and thanks to our progressive science, we are rarely permitted to see. By porter, beefsteak, and quinine, however, she was cured.

The patient, William Henry, has enlarged spleen and liver, the latter projecting several inches below the margin of the ribs, as indicated by the flat sound on percussion. He is taking sixteen grains of quinine per day.

In intermittent fever, too, it is very important that the patient should keep rest. Lying in bed in profound rest will often ward off a chill.

*Typhoid fever.*—William Worrett, 28 years of age, a carpenter by trade, came into the hospital on Wednesday last, (August 15.) He had been to work at his trade on Friday, although for some days previously not perfectly well. The sensation of lassitude and feebleness became so severe that afternoon that he laid down to sleep on the spot.

Next day he was still worse, and when seen by Dr. Meigs first, at his boarding place, the patient had a pulse of 132, great thirst, headache, epistaxis, and was somewhat delirious. He has had no diarrhoea as yet.

The peculiar lenticular rose-colored eruption of typhoid fever is exceedingly well marked in this case. It covers his chest, abdomen, neck, upper and lower extremities, most abundantly. There are sibilant râles on both sides of the chest, indicating bronchitis.

*Lead poisoning.*—Julius Karl, a German, who had been in the city but three weeks, after coming from a journey in the West, presents a condition of general debility, and complains of severe colicky pains in his bowels; he has constipation, and is occasionally vomiting. The lungs, heart, liver and spleen have been examined, and found perfectly healthy. There is neither sugar nor albumen in the urine.

On looking at his gums, the edge of the teeth is seen lined by a thick bluish line (Barton's) which is looked upon as a sure indication of lead poisoning. His belly is contracted.

He has been put under iodide of potassium, with the object of eliminating the lead from the system by the various emunctories. His bowels are kept open by castor oil and injections, while opium is at times administered at night, when he suffers from insomnia.

#### EPISCOPAL HOSPITAL.

Service of Dr. Kenderdine.

[Reported by Henry R. Tilton, M. D., Resident Physician.]

Cases of Injury followed by Tetanus; Extensive Burns, Fracture of Leg, Tetanus, Death, Autopsy—Compound Fracture Ulna, Tetanus, Death—Fracture of Pelvis, Femur, Trismus, Recovery; Complicated, comminuted Fracture of Arm, Amputation, Recovery; False Ankylosis of Elbow-joint—Division of Cicatrix, Cure.

*Extensive burns, Fracture of leg, Tetanus, Death Autopsy.*

Thos. —, aged 20, admitted for injuries received at a fire. Both arms were burned from shoulders to fingers, the back extensively but not deeply, the fronts of both thighs, the right leg broken and a deep burn over it. The burns would come under the third head of Dupuytren's classification. The fracture was oblique and the lower end drawn up. Prostration was excessive, requiring free stimulation

by opium and wine. The burns were poulticed to cleanse them from cinders, and the limb drawn down and placed upon a posterior carved splint. In a few hours he had two convulsions and afterwards was delirious; on the second day he seemed to have reacted, though still wandering. On the fifth day he had slept well, delirium gone, temperature natural, respiration and pulse but little excited, asked for more food, the burns discharging and looking well.

Sixth day the same; seventh day while eating, complained of pain in swallowing and had a slight fit; when this had passed off, he took some opium and camphor. About midnight we were called to the patient and found him in intense agony, convulsions frequent and violent. The facial muscles rigid and countenance distorted; the recti being gathered up in knob-like lumps, between the lines transverse, and giving a drum like sound when percussed; the limbs though stiff could be moved. He was sweating very much, mind was clear.

One grain of morphia was given him and ice applied to the spine in a section of the large gut of the hog, as recommended by Todd; the spasms increasing, we attempted to bring him under the influence of chloroform and ether, one part to three, but the smell of the mixture evidently increased the spasms, during one of which he bit his tongue, and the blood flowing freely from the mouth presented one of the most frightful pictures of suffering we have ever seen; the attempt was abandoned. Brandy, beef, tea and opium were freely given, a grain of the latter every hour, and adhering to Curling's rule, viz: After full, but not inordinate doses once or twice repeated without benefit, it be a will useless waste of time to persevere in it; it was after the lapse of some hours substituted by Ext. Hyoscyami gr. ij. Ext. conii. gr. ij. every hour, but without avail, the spasms increased, and at the end of the third day, or the eleventh day after the injury, he died.

On the following day the limb was examined at the seat of fracture and the anterior tibial nerve found torn and pressed upon by the fragments; no examination of the body was permitted. This case affords a refutation of the doctrine taught in some works on surgery, that discharges cease when tetanus supervenes; they did not in this case and some of the granulations cicatrized while he was suffering.

*Compound fracture of Ulna—Tetanus—Death.*—Gottlieb S., aged 14, fell from a tree and received a compound fracture of the ulna two inches below the olecranon. The integuments were much torn and bruised, filaments of the ulnar nerve were torn across and could be seen in the wound, the end of the bone protruded, probably drawn backwards by the triceps.

The arm was nearly extended, the bone replaced, the wound drawn together by adhesive plaster, and cloths wet with lead water, and laudanum applied. A full dose of morphia was given. There was great difficulty in retaining the fragment in position; splints could not be applied from the swollen condition of the arm. He was very restless; anodynes were freely given.

On the evening of the second day he complained of great pain in breathing and in the pit of his stomach, subsequently had several convulsions and the body became arched. Cold as in the preceding case was applied to the back, and Ext. Canil. gr. ij. chloroform grt xxx. given every hour without benefit. He died on the second day, or the fourth after admission.

*Fracture of pelvis, of the femur below the trochanter—Frimus—Recovery.*—This patient aged 45, was admitted with the above fractures besides various bruises, having been caught in the fly wheel of an engine; he was much prostrated; wine and morphia were given and in a few hours he commenced to react. As he dreaded examination he was etherized, and Dr. Kenderdine found that the corner of the ilium was broken, but not displaced; the femur broken just below the trochanter and the upper fragment tilted forwards by the action of the iliacus internus and psoas muscles, and the foot everted.

The patient was laid upon his back and both limbs placed upon a double inclined plane and fastened to a foot board. He was purged with pil. cath. comp. and the bruises bathed with oil of St. John's Wort, morphia at night. He thus continued until the fourth day, when on the evening of this day he became very restless, said he felt a cord around his waist and breathed with difficulty; the muscles of the face became rigid and jaws firmly closed. An attempt to open the mouth caused frightful grimace; his mind was clear, he was low spirited and thought he should die before morning; a grain of morphia was given and chloroform and conium as in the preceding case; the room darkened and kept quiet. This seemed to quiet him and arrest the nervous disturbance. In forty-eight hours the muscles were much relaxed and on the fourth day the jaws could be opened, nothing but the soreness resulting from the spasms, remaining. The limbs were retained on the double inclined plane as long as he would submit, then the broken limb was placed on a single one. He recovered in ten weeks; the limb was three quarters of an inch short and the upper fragment projecting slightly. He walked very well.

*Complicated, comminuted fracture of Arm—Amputation—Recovery.*—R. M. aged 56 was admitted for injuries received in a cotton mill. The arm had been caught in cog-wheels and was broken in seven places at almost equal distances apart and stripped

of flesh; just above the elbow the skin was almost as smoothly divided as if done by a knife. As it was evident the limb must be removed, the incision was continued from this point around the arm, the flaps reflected and muscles divided above the contused portion. The flaps were drawn together by adhesive plaster and dressed with cerate. In two days there was profuse suppuration, but the wound healed rapidly and he was discharged. Subsequently a small abscess formed, and a spicula of bone discharged; he was treated as an out patient and soon recovered.

*False Anchylosis of elbow joint from Burns—Division of Cicatrix—Cure.*—J. McN., a lad 8 years old, was admitted, with his forearm flexed upon the arm, at a very acute angle by a band of cicatricial tissue, resulting from a burn, involving the arm and side of the body. The case is almost a counterpart of the one illustrated by Dr. Little on page 195 of his useful work on deformities. The web-like band was an inch and a half deep and nearly half an inch thick. As it was deemed useless to attempt to restore motion by mechanical contrivances, the band was drawn tense and freely divided down to the tendon of the biceps, just opposite the joint and the limb extended on an inside splint, having a joint corresponding with the elbow, so that its position could be altered at will by a Stromeyer's screw. The wound was dressed with lint soaked in oil, and when the granulations became florid and bleeding, the lint was wet with chloride of zinc gr. ij. to water f3 j. The wound healed slowly in consequence of the motions used to prevent contractions, for after the first week the angle was changed daily. In four weeks there was a linear cicatrix and the motions of the joint almost equal to the sound one. We have watched this boy for some months playing around the Hospital; there is no tendency to contraction and motion remains perfect.

## EDITORIAL DEPARTMENT.

### Periscope.

*Three cases of Purpura.*—We publish another article to-day, in our original department, on the subject of purpura. These cases are interesting. In order to render the literature of the subject still more complete, we give the abstract of several cases recently described by M. Warner before the Société de Médecine du Département de la Seine, as published in the *Gaz. Hebdomadaire*, (July 6th.) It will be seen that the first case somewhat resembles those published by Dr. Calhoun, in a former number of the *Reporter*.

The first of the three patients was a very robust young soldier, who was suddenly taken,

at night, with a chill and very severe pain in the lumbar region; on the next day intense general arthralgia set in.

On the third day he entered the hospital, and presented the aspect of a man suffering from acute articular rheumatism. There was well-marked fever, swollen face, furred tongue, thirst, general debility, acute pain in the limbs, extending to the joints.

On the next day, the fourth, there appeared on the shoulders two black ecchymoses, surrounded by a violet and elevated circle. Each one of these ecchymoses was as large as the palm of the hand. Fever, thirst, etc. continued.

On the fifth day, smaller and less dark ecchymoses appeared on the belly and the thighs; the fever abated.

At the end of this day still more improvement; the ecchymoses of the abdomen and inferior extremities became pale and disappeared. Those on the shoulders were covered with small phlyctenes, which coalesced, forming a large swelling, resembling bloody serum.

The ecchymoses then hardened, their margins became raised, and they detached themselves from the centre towards the periphery, at about the fifteenth day, leaving, after falling off, a suppurating surface, which soon cicatrized. At the end of a month the patient was well.

The treatment consisted in the administration of sulphuric acid in large doses.

In the second case the disease was mild and characterized only by small ecchymotic eruptions on the inferior extremities. These succeeded each other in crops. The general health is perfectly good.

The third case is that of a chronic purpura, terminating in death.

After a chill, the patient became feeble and lost his appetite; he experienced no pain; as soon as he lost his color, black spots showed themselves on the skin.

He entered the hospital in a state of extreme debility; the face and the whole body was very pale; here and there, on the trunk and the limbs small ecchymotic spots were disseminated.

At the end of a few days, and in spite of an energetic tonic and sustaining treatment, (mineral and vegetable acids, quinia, wine,) epistaxis, and similar hemorrhages supervened, the patient sank and died.

The autopsy revealed ecchymoses in the subcutaneous cellular tissue, the peritoneum, the pleura, over all the abdominal viscera, and a tubercular degeneration of all the deep-seated lymphatic glands, extending to the terminus

of the thoracic duct; the duct itself was permeable through its whole extent. Spleen diffluent.

During the discussion on these cases, M. Bergeron stated, that in two cases of acute purpura, one observed by himself, and the other by M. Hiraud, a chemical examination showed a defibrinated state of the blood.

*Erectile Tumors.*—Dr. Daniel Brainard, published, in the Chicago Medical Journal for June, an extended essay on the pathology and treatment of erectile tumors. He sums up the relative merits of the different methods of treatment as follows:

I. Excision should be performed in every case where the size and situation of the tumor will admit of its being performed. This is almost as much a rule in these cases as in cancer. The exceptions are the slight cases which may be trusted without treatment until they increase in size.

II. When excision would cause too great a loss of substance, danger from hemorrhage, or when, from any cause, excision is objected to, strangulation is to be preferred next in order and whether effected with ligature alone, or with needles or other means, it should always, if possible, embrace the whole diseased structure.

III. In limited superficial naevi and erectile tumors, particularly if placed over bony surfaces, compression will often diminish, if not cure, the disease.

IV. In deep-seated tumors, particularly aneurisms by anastomosis, cauterization with the hot needles is an extremely efficient remedy, either by itself or in connection with other means.

V. Setons or metallic needles may be used in the venous forms of the disease. They are more effectual when placed, to some extent, in sound tissue.

VI. Ligature of the principal artery leading to the part, is adapted to the variety called aneurism by anastomosis, the accidental thrilling variety, and particularly to that variety situated in the orbit of the eye. I believe, however, that it is more dangerous and less necessary than is generally supposed.

VII. Vesicants, escharotics and caustics, are adapted to complete a cure, when a small portion of tissue remains after excision, strangulation or seton. They are uncertain and little to be relied on.

VII. A combination of several of these methods of treatment will often be found advisable.

## Reviews and Book Notices.

*The Anatomy and Physiology of the Placenta; the Connection of the Nervous System of Animal and Organic Life:* by John O'Reilly, M. D., Licentiate and Fellow of the Royal College of Surgeons, Ireland, etc., etc., pp. 111, New York, 1860.

Whatever other peculiarity the present age may possess, it is emphatically the age of books, and the fertility of the unworked fields of the broad domain of the science of medicine offers unsurpassed inducements to the scribe. The obscurity of many of the phenomena of life causes physiology to be an almost boundless theme for conjecture and speculation, and the dreamer is not satisfied until he embodies his dream and its interpretation in some long, labored paper, or in an elegant quarto volume, and, whether it be in merely observing the chemical and mechanical relations of the various organic functions, or soaring higher to the contemplation of the respective merits of the anthropomorphic and pantheistic conceptions of the human soul, or in chasing a vital principle, the result is often the same—the confusion of the very subjects it is attempted to elucidate.

The volume before us, evidently the work of a subtle mind, consists of a mass of facts confused and entangled in the meshes of a large amount of wild theorizing. We are fully convinced, with the author, that the doctrine he advocates, in regard to the anatomy and physiology of the placenta will be deemed hypothetical, but we cannot admit that the depuration of the blood takes place in the placental lobules under the influence of the organic nerves, if the child *did* "leap in the womb of Elizabeth, on the entrance of Mary," because, up to this time no organic ganglia of nerves have been discovered in the placenta, and we do not, in the present state of physiology, consider ourselves justified in assuming anything as a fact which has not been demonstrated; this, however, does not exclude that in the future, Dr. O'Reilly's theories may not be found correct.

By a few terse paragraphs the analogy between the liver and the placenta is indicated. "The vena-porta and the hepatic arteries represent the hypogastric and uterine arteries, whilst the hepatic vein represents the umbilical vein," and by drawing the comparison a little closer, its resemblance to a conglomerate gland is effected, the uterine veins representing the biliary ducts, both having as their

function the removal of excrementitious matter, the former from the maternal or foetal blood, the latter from the portal circulation. The theory that the foetus receives oxygen from its mother's blood by the process of endosmosis is discarded on account of the disastrous results that would follow the union of the carbon of the foetal with the oxygen of the maternal blood, there being no mode of escape for the carbonic acid necessarily formed, but *why* it should not, if formed, take as good care of itself here, as in any other distal portion of the body we cannot determine, unless it is, as our author declares, because there is "no trachea or bronchial tubes to carry it off." We quit this portion of the book, fully agreeing with its author that "it should be of no consequence by whom the true solution of an abstruse question is found, provided it *can be proved to be correct*."

The portions of this work devoted to a consideration of the "connection of the nervous centres of animal and organic life," afford another evidence of the fatuity of all theorizing in regard to subjects of whose nature, we, as yet, know nothing, and perhaps the greatest impediment to the correct understanding of their physiology is the mysticism which has been thrown around it by the attempts to explain theoretically and speculatively that which does not, with the facts now in our possession, admit of positive demonstration. In this, Dr. O'Reilly maintains that life itself is the immaterial result of the influence of oxygen upon the organic nerve-centres, that this *aura vitæ* is distributed equally throughout, and presides over all the functions of the organism; thus far, this is certainly plausible enough, but we cannot go so far as to believe that because the immaterial agent—Life—is situated in the organic nervous system that life itself is communicated to every action over which it presides, and even the secretions of such actions, though an Irish fool exclaimed, as the author quotes, when his semen was being discharged—"murder! murder! the life is leaving me." We would rather retain the "Lilliputian idea," even with suspicion of "fratricide."

It is evident that Dr. O'Reilly does not understand the process of respiration when he thinks it necessary for the life-influence to prevent the formation of carbonic acid, when oxygen is passing in and carbon out through the lungs. Remembering that no carbon whatever passes out through these organs, but that the carbonic acid is generated in the tis-

sues, and enters the lungs already formed, we can dispense with such friendly interference of the ganglionic nerves.

It must indeed be deemed a "heresy," to promulgate new doctrines to overthrow old ones, unless founded upon "unquestionable facts." We must close this unavoidably short notice by assuring the author that it is not quite likely he will "detract from the reputation" of Prochaska, Bichat, Richeraud, and others, by writing upon a subject "which, during a period of twenty years, whilst actively engaged in the practice of medicine and surgery, he never bestowed a thought on."

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### THE MEDICAL AND SURGICAL REPORTER.

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PHILADELPHIA, SATURDAY, AUGUST 25, 1860.

#### "CUI BONO?"

In Paris the most learned and astute members of the Imperial Academy have for some months been ventilating their opinions on "first principles" generally, and their "medical faith," specially.

Are you an advocate of Chemism, my dear Sir, or do you defend Vitalism, *mon cher confrère*; are you wedded to Organicism, or do you pin your faith on that abominable doctrine of Mechanicism?

These were the questions which the illustrious savants hurled at each others' heads with most amazing rapidity, and as we have imagined to ourselves the scene from a transatlantic perspective, it reminded us of those fine winter afternoons, which we spent in that beautiful game of "snow-balling." First a hundred feet apart, getting ammunition ready; then a well-aimed fire at a distance; then a rush, a promiscuous firing at friends and foes, a confused mass of heads, legs, arms and snow, winding up with a general "wash." Gradually an emerging of glowing heads and faces out of the snow, a general shaking of hands, brushing of jackets, and a rush home.

The Imperial Academy of Medicine has been hugely enjoying one of these fine games of scientific snow-balling. They come, like the flakes of winter, periodically, only at

greater intervals; once every five or ten years may be put down as the legitimate recurrence of debating epidemics of this kind.

Dropping the figure, however, and looking at the matter in a serious light, these discussions on the fundamental principles that underlie the science of medicine, will and must arise in the ranks of the profession. They are "irrepressible," because the very nature of our science is one of "*why*" and "*wherefore*." It is the tendency of medicine, its future progress and development, which sprouts and buds out in these discussions, and look wherever we will, either in formal debates of some learned academy, or in discussions in medical journals, or in the daily professional intercourse of one physician with the other, these fundamental questions will arise, will be discussed, and will find a solution.

Cui bono? What are we writing for? Is it merely for pastime that a thousand medical brains are set at work, a thousand eyes set to observe and to watch the phenomena of life, health and disease, and a thousand pens are flying over the paper to record the thoughts and observations, of the most thinking and observing class of men? Is it merely a phantasm, a delusion, an idle, speculative idiosyncrasy, which we have inherited from the metaphysical age of monasteries and cloisters, alchemy and the philosopher's stone?

Would the world, would humanity be better off, if medicines had never been discovered? Have we really arrived at the time when, as conscientious men, we should all take our scalpels and commit hari-kari in broad daylight, as a means of proper repentance for our own medical sins, and those of our forefathers?

Here are the issues, this is the question: Is the medical profession a relic of barbarous ages, a remnant of olden times, based upon the prejudices and errors of by-gone days, or does medicine bear upon its front the seal of legitimacy among the sciences?

Deny it who may, dispute it who will, yet the fact stands glaring before our eyes, that there is a strong opposition, both outside and within our ranks, against *medication*. Popular lecturers decry it as an evil; newspapers

denounce it as wrong, and poet-physicians mount the hippogriff of blank verse to sing songs of praise to the medical "*Dolce far niente*."

These issues must be met, and we are not afraid to meet them.

But we would say to those who denounce medication, and cavil about it, a few words in reference to the *one* great tendency, the *one* great current, towards which, and with which, medicine, from its earliest days, has moved. It is this: The tendency of medicine from its earliest epochs to the present time, has been towards making medicine a *positive* science; this is the immutable current in which it has flown on, and we cannot and will not subscribe to the prophecy of an esteemed correspondent in one of our last numbers, who thinks that "medicine will never be a positive science." We have no right to guess, no business to assume, and no privilege to prophecy in matters scientific.

It is our task to look at facts, and from these facts to conclude; what is beyond that is, of evil.

Was not anatomy once as empirical as today therapeutics is claimed to be by many? Was not chemistry once, with its four elements, made up of the most flimsy and fallacious theories? Was not physiology the same? And where are they now? Is not anatomy a positive science as is the geography of a country? Is not chemistry as exact as mathematics? Is not physiology, with gigantic steps, approaching towards the temple of exact sciences? Alas, that in view of this fundamental truth, in the development of our science, there are yet men who deny that, *practically*, we have advanced a step beyond the empiricism of the middle ages, who would make us believe that, with all this progress, with all this advancement, we are but deluding ourselves, and gilding over prejudice and error. They are not the men who have contributed to enrich medicine—not they. They have not dug in the mines of our science and brought to light the pure grains of golden truth. They are rather its brokers and bankers, who shave notes at a ruinous discount, and,

when they have accumulated a fortune, write moralizing dissertations about the empiricism of science, and preach sermons on the text—"all is vanity."

The great fundamental error which underlies all the anathematous eruptions against medicine and medication, is the want of knowledge of the present positive state, to a great extent, of pathological science. These cavilers look upon disease as an entity, and upon life as mere conglomeration of forces, forgetting that the same progress which has brought physiology already within the vestibule of the exact sciences, has in the same measure advanced pathology; and that where formerly medicines were empirically given to lower or sustain certain supposed *forces*, they are now given to supply, neutralize, modify, accelerate chemical and physical processes and combinations. The physician who gives iron to-day in a case of anemia or purpura, with a knowledge of the chemical constituency of the blood, is no longer an empiric, though he who does not possess such knowledge, may justly claim that title.

Is it unreasonable, from the progress which our science has made in the past, to conclude that it will advance in the future? And what is our duty when we have arrived at such conclusion? Is it to quarrel, and theorize, and set in judgment over the past, and to hover like a nightmare over the future? Or is it to put our shoulders to the wheel, and contribute our mite towards making medicine an exact science? Surely the latter. It may be a more pleasant and agreeable task to write treatises on the abuse of gold, than to dig in the mines. But the miner after all will carry the day; and the diggers in science will ever stand higher than its bankers and brokers.

A great deal of the apparent disagreement among *savants* arises from a misunderstanding of words and a misuse of terms. We were forcibly struck with this fact, when perusing the debates of the French Academy, alluded to. One accuses the other of being, for instance, a *vitalist*: and by that term he means a man who assumes the existence of some peculiar essential life-principle, like the

Archæus of Von Helmont, discarding all facts of chemistry and placing every function directly under this life-principle. The so-called vitalist, on the contrary, returns the charge of "rude chemism" "looking at man as a crucible, a test-tube, a walking furnace." Now it is easily seen, that both go too far.

He who claims to be an advocate of chemism, only means to assert that the phenomena of life are to be studied, as all natural phenomena, in view of their physical and chemical causes and relations. He may furthermore assert that such phenomena, of whose physical and chemical causes and relations we as yet possess no knowledge, will in the course of time, as experimentative science progresses, be reduced to the same category with phenomena of which we possess such knowledge; and no doubt he is right.

The vitalist, on the other hand wishes to assert, that the living organism, as such, exercises a peculiar influence upon these physical and chemical phenomena, and that they are often even modified by it; his vitalism does not go so far as to deny chemical causes and relations; but he wishes to state that there is a *vital* chemistry, which must be studied by itself. Outside of the body, in the test-tube, saliva is known to convert starch into sugar; but it has been found that such change does not take place in the body during the regular process of insalivation and mastication. It is hence only *vital* chemistry which will lead to a true solution of the questions of physiology, while without *chemistry*, on the other hand, vitalism would never have elucidated one solitary fact in the chain of the phenomena of life.

We think, hence, that by properly interpreting and not misconstruing these terms, vitalism and chemism must be looked upon as legitimately going together. The tendency of our science is to reduce all the phenomena of life to their physical and chemical causes; while, at the same time, this cannot be done unless we bear in mind that these chemical causes must be studied not from the analogy of the chemistry and anatomy of the dead body, but from the *living* organism. This,

in our opinion is true chemism and true vitalism.

But we have put at the head of this article the question "Cui bono?"

All these discussions show that medicine is progressive. Where there is discussion, opinions clash and strike against each other like flint and steel, and the sparks of truth are flying all around; they kindle the watch-fire that show us the path to positive science, and humanity will be the gainer.

#### DEATHS FROM CHLOROFORM.

Death from chloroform is so frequently recorded that the occurrence attracts now no longer any marked attention. The still greater number of unrecorded cases impress few beyond those in whose presence the appalling casualties happen. The event seems to be simply viewed as an occasionally unavoidable contingency, which, for the sake of the general immunity from disaster, in the use of so convenient an article as an anæsthetic, should be tolerated.

Nothing now, but a great summing-up of the melancholy array which stands against chloroform, would make the impression which is certainly needed. Could such a woful catalogue be correctly registered, an attention would be awakened that would have an influence in preventing its increase. Were it generally understood that many of these fatalities occurred under the charge of skilful and experienced hands, our own liability to such disasters would be reminded. Were it known that the greater proportion of the victims were vigorous subjects, our choice of patients for chloroforming would not avail. Were it comprehended that some expired at almost the first breath of the vapor, our plea of cautiousness in the administration would be invalid. Yet such is the unwritten history of many whose departure is so often simply disposed of in the brief but familiar epitome of—"another death from chloroform."

The succession of two deaths from chloroform at the Bellevue Hospital, New York, within a few months of each other, and our vivid recollection of witnessing, in the wards

of the same institution, a revival from apparent death from the same cause, has attracted our attention to a subject on which long ago our course has been determined. On the occasion alluded to, the eminent surgeon under whose direction the anæsthetic was being administered, directed the use of chloroform to be thereafter discontinued in his wards.

We do not deny the necessity of the use of chloroform in the few cases which, from an idiosyncrasy, are not anæsthetically impressible by ether, and admit its invaluable adaptation to the varied conditions of extreme nervous irritation, puerperal eclampsia, etc., for which nothing so efficient can be substituted; but for general use as an anæsthetic to be safely administered, under almost all circumstances, for the relief or prevention of pain from its usual causes, there is yet known to science but one article—Sulphuric Ether.

The selection of chloroform in preference to ether can, at best, to its advocates, be but a matter of complaisance to patient or operator. The apparent physiological resemblance between the effects of the two articles appears as a great disparity, when the innocuousness of the one, and the uncontrollable fatal liabilities of the other, are considered. This uncontrollableness of the anæsthesia from chloroform has exhibited itself as decidedly in many of the inferior animals as in the human race. The vivisector avoids chloroform, because he knows that the life of the brute may terminate under its administration before his experiment is effected. He uses ether for his purpose because under its influence insensibility can be prolonged without serious interference with any vital function.

The agreeableness of chloroform to the patient and convenience to the surgeon, is, with the admitted liability to accident, made to weigh against ether, the inhalation of which is usually less attractive, and its administration oftener attended with excitement of the patient, and many delays and annoyances, yet with almost absolute safety; yet should a conscientious choice be difficult?

That chloroform is in Europe losing the confidence with which, owing to the distinguished

authorship of its introduction to the profession, it was received, is becoming evident. In this country it never obtained such general favor, though its experimental use has been very extensive, and sufficiently to illustrate, by perhaps a hundred fatal results, its unavoidable dangers, and to convince that chloroform, as the ordinary anæsthetic, will never be substituted for ether.

#### REFORMS IN MEDICAL EDUCATION.

In our Correspondence columns the reader will find some timely remarks on medical education by a "South-west Kentuckian."

We agree entirely with our correspondent when he assumes that reform in medical education should begin at the very start of the medical student's life, and that the indiscriminate admission of young men to the studentship of medicine, as at present existing, is wrong. This is exactly what we have endeavored to advocate in one of our articles (see REPORTER of July 7th) on this subject, and we should be sorry if we were misunderstood. But reform, to be thorough must neither begin at one end nor at the other; but at both ends, and in the middle as well.

Before all things, however, let the American Medical Association,—let the profession of the United States, awaken to the necessity of creating a professional standard of its own, and we shall soon see reforms in our medical schools follow spontaneously, because they will find it necessary and convenient to comply to the reasonable demands of the profession, of their own accord.

Secondly, let our State Societies take the subject of medical education in their hands, and exercise all legitimate influence in this matter which belongs to them.

#### THE REGISTRATION LAW.

The present successful working of the new registration law is sufficient evidence of the practicable character of the system. Such an innovation could hardly fail in meeting with some opposition, but the real utility of its object to the whole community, and the division of the labor of complying with it being di-

vided among so many, not being very burdensome on any particular individual, will soon make its operations proceed with ease and correctness.

A general compliance with the requirements, particularly by the profession, will make it apparent that this State has in operation a most thorough system of registration.

The registration of deaths and marriages since the first of July has progressed with accuracy, and with but little opposition from those whose duties are increased by its requirements. Perhaps one of the most inconvenient exactions from physicians, is the necessity of registering the sur-name of every infant born under their care. Some of the records returned have been deficient in this particular, and as the Health Officer is determined to commence aright, and to enforce a literal correctness in the registrations, the blanks have been returned to physicians for completion.

The following is an estimate of the work of registration which will be required in one year, at the office of the Board of Health of Philadelphia: Deaths, say 10,000, registered eight times, and indexing the same, makes a total of 90,000; births, estimated at 15,000, registered and indexed, 135,000; marriages, 2,500, would amount to 22,500—making a grand total of 247,500 names to be registered.

#### CELLAR TENEMENTS A NUISANCE.

The Board of Health of this city, have lately, with laudable zeal, entered into an investigation of one of those pests of large cities—cellar tenements. A Committee appointed by the Board, with Dr. Jewell as chairman, visited the principal alleys and streets in which these haunts of misery, filth and disease abound, and reporting thereupon, they suggested the following resolutions which were adopted by the Board:

*Resolved*, That all cellar tenements that are without light and ventilation except through the doorway, or are without proper flooring, or otherwise unprovided with ordinary domiciliary appendages, and all tenements above ground in a like condition, are hereby declared to be nuisances prejudicial to health, and the owners, agents or occupants are re-

quired to vacate and close the same within five days from the date of their notice, and if not done, the Health Officer is directed to close them, and hand over the occupants to the Guardians of the Poor, unless otherwise provided for.

*Resolved*, That the Mayor of the city is hereby requested to instruct his police to report to this Board all such tenements as correspond with the above description which may exist in their several districts.

*Resolved*, That the earnest and immediate attention of the Committee of Highways and Commissioner of Highways be directed to the shamefully neglected condition of the narrow streets, avenues, courts and alleys throughout the city, and that they be urged to require of the Supervisors to bestow more frequent and more careful attention to the cleansing of the same than has hitherto been done.

*Resolved*, That copies of the above report and resolutions be published in the daily papers.

*Resolved*, That the Clerk furnish copies of the above report and resolutions, to Councils, the Mayor, and to the Commissioner of Highways and Committee of Highways.

To our readers, as medical men, whose daily occupation brings them, more than any other class of citizens, in contact with these haunts of disease, it is unnecessary to describe the experience of the Committee. We simply record these resolutions as an indication of the progressive spirit in the sanitary government of our city, and hope that other cities, like New York, where these nuisances are a hundred times worse, will soon follow the example.

#### Correspondence.

Clinics in the London Hospitals—Uncomfortable Arrangements—Operations Performed—St. Thomas'—Operation of Lithotomy.

London, July 20th, 1860.

*Editors of Medical and Surgical Reporter.*

GENTLEMEN:—Since I last wrote to you, I have attended clinics in two of the large hospitals of London—Guy's and St. Thomas'. The hour for the clinic in the operating room is from one to half-past one, but their idea of an operating room is very different from ours, as far at least as comfort is concerned. I have been accustomed to consider the amphitheatre at the Pennsylvania Hospital, as very inconvenient indeed, and to think that nothing could be worse than those very high backs, and

very hard and narrow seats, but now, having seen an operating room at Guy's Hospital, London, with very high steps indeed, and even with a railing along the front of each step, but without any seats at all, I shall look back on our operating rooms at home, as among the most luxurious things in the world. The room at Guy's will contain about 80 persons. Forty-six were present when I was there, to witness the operations, of which there were two performed.

One, the extirpation of a fatty tumour, and the other the amputation of a great toe. The fatty tumor was in a middle aged man, who had two besides the one taken out; and the three were very remarkable for the symmetry with which they were placed around his neck. One was immediately under the lower maxilla, extending to the angle of the bone, both on the right and the left sides, and giving to him the appearance of having an enormous double chin. The other two were situated at the base of the occipital bone, meeting at the posterior median line, and touching respectively the right and left sides of the tumor on the front of the neck. It was one of these two large tumors on the back of the neck which was taken out. The other operation, was in a case of caries of the great toe, in which resection of the joint had been tried without a favorable result. The operator in both instances was Mr. Cock, and as far as I could judge from these two cases, he appeared to be very skillful. He took, however, very little trouble in the way of explanation, much less than I thought he ought to have done, and the little that he did say, was spoiled to the ear by his lisping.

After leaving the operating theatre, I went into the reading room, where I was glad to find lying on the table, among numbers of English, and a few continental periodicals, two from America, viz, *The Medical and Surgical Reporter*, and the *American Journal of Medical Sciences*. Of your journal there were two numbers on the table, a thing which I did not notice of any others of the journals there.

Before leaving the subject of Guy's, I must mention with regard to their wards, that I saw some on my second visit which were wide and roomy. I think I spoke too disparagingly of them in my previous letter, but then I had not seen the large ones, which I afterwards remarked.

On the day after the visit to Guy's, which I have just recorded, I attended some operations at St. Thomas' Hospital, which is situated close by Guy's, they being only separated by the width of a street. St. Thomas' is not more than half a square from London bridge, that great centre of activity and business, and yet within the wards very little of the noise, which is made so close by, can be heard. The hospital is a very large one and very old. It is built around one or two large courts, besides having

wings extending off in different directions. Here I saw the operation of lithotomy performed by Mr. Clark on a boy of about twelve years of age. The case was somewhat remarkable, as the same operation had been previously performed without success, the operator having been unable to find the stone. The boy appeared to be worn out by the prolonged suffering which he had undergone, and screamed so much on the introduction of the sound, that they were obliged to administer chloroform in order to determine with certainty the presence of the calculus. The introduction of an instrument into the bladder was rendered the more difficult, as the urethra was in some measure strictured in consequence of the previous operation. No urine had been passed for more than an hour when the boy was brought on the table, special directions having been given that he should retain it, but such was the irritability of the bladder, that the urine was forced out past the sound, and the operation had to be performed with the bladder empty. It was however performed rapidly and successfully by Mr. Clark, in spite of this difficulty. The only trouble was in seizing the stone, and in pulling it out; for it was very large, being, I should suppose, an inch and a quarter, or an inch and a half long and wide, by nearly an inch in thickness. However, as I only judged by the eye, my measurement cannot be relied on as accurate. The lateral operation was the one chosen, and it was performed without any aid from a gorget. The calculus was very rough, and must have been the cause of very great torture to the poor little fellow.

This operation was to be followed by that of Lithotripsy, by Mr. Solly; the patient being a man of sixty-five years, and one who had undergone the same operation before. After a good while, however, spent in fruitless efforts to get a good hold of the stone, the operation was postponed. It had been more successfully performed by Mr. Solly only a few days before.

I observed a difference in the manner of administering chloroform at Guy's and St. Thomas's. In the former it was poured on a rag, covered on one side with oiled silk, to prevent its too rapid evaporation. In the latter it was inhaled from a little apparatus made for the purpose, and just of sufficient size to cover the nose and mouth.

At St. Thomas's there is a museum about half the size of the Wister and Horner museum. They have likewise a separate chemical museum, belonging to the school which is connected with the hospital. In this school they have a very commodious lecture room. The operating theatre is larger than that at Guy's, and they are kind enough to provide the students with seats. I was informed with regard to the use of chloroform at St. Thomas's, that

in the past five years it had been used in a thousand cases of operations, and that death had followed in two cases, one of those being a man with delirium tremens. The deduction of my informant, a resident in the hospital, was, that it could be used without danger, and with propriety; but I confess that my mind leaned towards the opposite conclusion.

Hoping that you may excuse the rambling character of my letter, I remain very truly yours.

M. D. ABROAD.

#### Medical Education.

*Messrs. Editors of the Medical and Surgical Reporter:*

Being a constant reader of the *Reporter*, I have noticed from time to time able and interesting articles on the subject of "Reform in Medical Education." I am in favor of reform; but it seems to me that yourselves, as well as others, who have engaged in this discussion, have commenced at the wrong place to effect the end so much desired. One of the points in the arguments advanced, is that medical students should attend a greater number than two courses of lectures, and also that medical colleges should extend their courses to six, or even nine months, instead of four months as heretofore.

I am free to admit that reform is desirable; and if any member of the profession doubting it, will visit or attend a course of lectures at any one of our colleges, and there observe what kind of material is sometimes ground out into M. D.'s, will, I think, have his doubts removed.

True reform, however, in medical education will, in my opinion, have to commence before the student goes to a medical college. I contend that our colleges are not alone responsible for the ignorance and incapacity sometimes displayed by members of the profession. Let the reform commence in the physician's office; let none be admitted as students unless they have acquired a suitable education, to enable them to acquire the profession in a reasonable length of time; and above all, admit none except those who have maintained moral characters above reproach. How often is it that we see this last requisition entirely overlooked! If the applicants be fortunate, or rather *unfortunate* enough to have wealthy parents, and has numerous and influential relations—though he be a debauchee of the first water—he must be admitted by all means for the sake of extending the "would-be-preceptor's" patronage and influence.

In this way persons are permitted to enter the ranks of the profession, who will ultimately disgrace themselves, their preceptors, private and public, and indeed the very name of Doctor. Every steady, conscientious physician will, on taking a retrospect

of his student-life, remember many individuals who attended lectures with him, and, like himself, aspired to the Doctorate, yet whose moral and intellectual acquirements should forever have prevented them from receiving it. If every physician in the land would only reflect when about receiving a student in his office, that the applicant, if admitted, would through after life reflect honor or lasting disgrace, according to his capacity and conduct, on his office-preceptor, I think a great number would be rejected who are now admitted.

Not only so, this matter of requiring students to attend three courses of lectures before graduating, will operate unequally. Some will be as well qualified to graduate at the end of two, as others will be who have attended half a dozen courses. Besides there are numerous instances of young men of superior minds, whom, having scuffled to acquire a suitable education and means to attend lectures, this arrangement will forever prevent doing so. The amount of money necessary to pay a young man's way for four years, besides his fees at college, is no trifling consideration. Let our colleges have a Board of Examiners, separate and apart from the Professors; and empower them to confer the degree—or recommend its being done—upon every candidate who has made the necessary proficiency, immaterial whether he has attended two, four, or six courses of lectures. Attendance on a great number of lectures shall add nothing to his credit, unless he exhibits proof of having made good use of his time.

A SOUTH-WEST KENTUCKIAN.

August 13th, 1860.

## News and Miscellany.

*The Torture of Criminals.*—The *Enquirer* gives the following account of an arrangement at the Philadelphia County Prison, for the punishment of refractory prisoners, which it is hoped, for humanity's sake, is an exaggeration:

"The famous criminal bath was then exhibited. In a cell at the eastern end of the corridor appropriated for females, stood something like a wooden chimney vertically against the wall. Closer inspection revealed a door in its front with staple and padlock. This being thrown open, an apartment just large enough to contain a human body was revealed, with one of the round perforated bath-cisterns in the top. The door and sides are hollow and stuffed with woolen to prevent screams from being heard.

When any prisoner becomes ungovernable, he is escorted to this cell. The physician, the nurse, and the Superintendent stand by. The malefactor is forced into the apartment, the door closed upon him and the staple secured with a heavy padlock. Then in the darkness and stifling air, the unhappy criminal feels the rush of the descending water. It comes in a torrent upon his uncovered head, and seems to be beating upon his brain. In vain does he seek to avoid the draught. He cannot bend in the narrow aperture. He cannot turn. His breath grows short. Every nerve is unstrung. His heart beats agonizingly. He screams, but the walls are deaf and there is no reply. He is suffocating—dying. And when sense is swimming and life flickering, the door is opened, the unhappy man removed and the dying pulses taught to beat again.

Sometimes the criminals, when removed, are black in the face, the blood flooding the head.—A man in Sing Sing prison lately expired under this punishment. The shower bath at Moyamensing has been used three times in seven years. Its effects are to shock the nervous system and weaken the entire body. One woman was lately put to the bath test."

**A Wet Day.**—After having experienced an unusual dry state of the weather for over a month, our city was visited last Monday a week by one of the most abundant rain-storms, which were ever witnessed, doing great damage to property. It was accompanied by heavy thunder and lightning. The following is the meteorological observation for that day made at the Pennsylvania Hospital:

"PENNA. HOSPITAL, Aug. 13, '60, 10 P. M.

"The amount of rain which fell this day, (up to 7 o'clock, P. M.) as indicated by our gauge, is 4 1-10 inches, which is more than four times the amount registered for the whole of last month, and almost as much as fell during the whole month of August, 1859."

This is a very unusual amount of rain for one day in this climate, and, by comparing it with the statistics we give below, it will be seen that a few such storms as yesterday would supply us with a quantity of water far greater than some eastern countries receive in a whole year.

Prof. Dove states that the yearly amount of rain which falls on the roof of the Royal Palace at Berlin, is 18 inches in depth. The average annual fall of rain at Paris, for ten years, from 1817 to 1827, was about 20

inches. The western coasts of Great Britain, France, and Portugal, have an annual average of from 30 to 50 inches. Corinbra, in Portugal, has 111 inches. In Russia and Poland, the fall is 15 inches; at Ekatherinoslao, in the southern part of Russia, it is 13 inches; and in Siberia still less.

A writer in the *Georgia Medical and Surgical Encyclopedia*, Dr. A. C. C. Thompson, of Sandersville, Ga., in an article on Domestic Practice, says: "most cases of simple diarrhoea can be speedily relieved by the timely use of a patent medicine, known as Jacob's Dysentery Cordial. We regard this as one of the best medicines of the kind ever offered to the public."

In the same number, the same journal published extracts from the Code of Ethics, among which we find the following:

"Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself, or of others. For, if such *nostrum* be of real efficacy, any concealment regarding it, is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them."

What in the world does Dr. Thompson and the Encyclopedia mean, by thus puffing up quack medicines on one page, and reprinting the Code of Ethics on the other?

**Puerperal Fever** has been prevalent with considerable severity some months ago in Newark, N. J.; many of the neonati were attacked with erysipelas, which also occurred in adults.

#### Answers to Correspondents.

COMMUNICATIONS RECEIVED.—Georgia, Dr. Wm. H. Doughty, Dr. J. E. Blackshear—Kansas, Dr. A. A. Woodhull—Kentucky, Dr. G. Stewall—Missouri, Dr. W. S. Heddens—New York, Mr. Wm. S. Chapman, (2)—Pennsylvania, Dr. J. H. Keeler, Dr. Edward P. Emerson, Dr. C. C. Field—Tennessee, Dr. J. A. Hudson, (with encl.)—Virginia, Dr. J. P. Lewis.

Office Payments.—Dr. Henry Rittenhouse, Mr. Helmbold, (adv.) Mr. Needles, (adv.) By Mr. Swain: Drs. Larrison, McKean, Ch. H. Miller, Corfield; Dr. E. T. Vaillette.

## ADVERTISEMENTS.

### (CIRCULAR.)

The undersigned proposes to issue a yearly volume with the following title: *Year Book of American Contributions to Medical Science and Literature*.

It is designed that part first, of each volume, shall comprise an arranged and classified summary of, and index to, all the important and original papers found in the various *Medical Journals* of this country, for the year immediately preceding. Part second will comprise a summary of, and index to, all papers found in the published transactions of the National and the various State and County Medical Societies. Part third will embrace reviews of all medical books of American authorship, published during the year, with a summary of all the novelties in opinion or practice therein.

To the above plan and arrangement, such other additions shall be made as time and circumstances may suggest. The first volume will be issued early in the spring of 1861.

In the preparation of our *Summary of American Medical Journalism*, for the *A. M. Monthly*, we have solicited a copy of all Medical Journals published in this country;—The *American Journal of Medical Sciences*, the *N. O. Medical and Surgical Journal*, the *Ohio Medical and Surgical Journal*, and the *American Medical Times*, are the only ones that have failed to comply with the request. To facilitate our design, we request an exchange with all *American Medical Journals*, to be sent to our address as issued. All Medical Societies who publish their transactions, will, we trust, be kind enough to send their transactions to us. Publishers of medical books, particularly of American authorship, are earnestly requested to send, so soon as issued, all books of the character as above.

The importance of a work of the character as above, for the information of the profession, and for the honor and dignity of *American medicine*, will readily be conceded by all. We cannot prepare the work and publish at a pecuniary loss, and, hence, the object of this circular is to request that all physicians who would encourage the work and become subscribers to the same, would send us their names at once—payment to be made only on the publication of the work. The work shall contain from 500 to 1000 pages, be substantially bound, and furnished at the low price of *three dollars*. That we may know whether the work is to receive sufficient encouragement to justify its completion and publication, we request that subscribers' names may be sent in immediately. As a special favor and encouragement of this truly national enterprise, we would request that all Medical Journals of this country would copy our circular.

To Editors and Publishers we would say that it is designed that our *Year Book* shall commence its gleanings with the year 1860. Journal editors and book publishers will remember this, in sending their respective publications to our address.

All Books, Journals, published Transactions, and names of subscribers, should be directed to

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